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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGAN	IIZATION		
	(See ins	structions)		Office use only
1. NAME OF COMMITTEE (in	full) (Check if na is changed)	me Example: If typyir over the lines	ng, type 12FE4M5	
Rohm and Ha	as Employees Association	or Better Government		
ADDRESS (number and	street) 100 Independe	nce Mall West		
(Check if addres	s LIIII			
is changed)	Philadelphia		L PA	19106 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	AL ADDRESS (Please provide only	one e-mail address)		
(Check if address is changed)	s ckeashen@roh	mhaas.com		
(Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE 0]		
3. FEC IDENTIFIC	ATION NUMBER	C C00039057		
4. IS THIS STATE	MENT NEW (N)	OR X AMENI	DED (A)	
I certify that I have exan	nined this Statement and to the best of	my knowledge and belief it is tr	ue, correct and complete	
Type or Print Name o	Treasurer Colleen A I	Keashen		
Signature of Treasure	r Electronically Filed by Coll	een A Keashen	Date 0	4 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	alse, erroneous, or incomplete informa	tion may subject the person sign		
Office Use Only				FEC FORM 1 (Revised 02/2009)